

DEC 29 2005

**MOTOROLA****FAX TRANSMITTAL SHEET**

Motorola, Inc.  
Intellectual Property Section  
Law Department  
101 Tournament Drive  
Horsham, PA 19044

Telephone: 215-323-1797  
Facsimile: 215-323-1300

**14**

Number of Pages (including this page)

Date: December 29, 2005  
Examiner: C. Kendall  
To: Art Unit: 2192  
Location: United States Patent and Trademark Office  
Fax No.: 571-273-8300  
From: Attorney: Lawrence T. Cullen Reg. No. 44,489  
Subject: Serial No. 09/807,050 Filed: 4/06/2001 Docket No. D02197

**NOTICE:** This facsimile transmission may contain information that is confidential, privileged, or exempt from disclosure under applicable law. It is intended only for the person to whom it is addressed. Unauthorized use, disclosure, copying or distribution may expose you to legal liability. If you have received this transmission in error, please immediately notify us by telephone (collect) to arrange for return of the documents received and any copies made. Thank you.

**MESSAGE:**

Enclosed herewith, please find Fee Transmittal, Petition for 3 Month Extension of Time, Amendment, and Revocation of POA and New Power of Attorney with Statement Under 37 CFR 3. 73(b), for filing in the above-identified application.

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:	C. Kendall
GROUP ART UNIT:	2192
ATTORNEY DOCKET NO.:	D02197

DEC 29 2005

Effective on 12/08/2004		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Application Number	09/807,050
<b>FEE TRANSMITTAL</b>		Filing Date	April 6, 2001
<b>For FY 2005</b>		First Named Inventor	Petr Peterka et al
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	C. Kendall
		Group Art Unit	2192
TOTAL AMOUNT OF PAYMENT	(\$ 1020	Attorney Docket No.	D02197

**METHOD OF PAYMENT (check all that apply)**

☐ Check   
 ☐ Credit card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: **502117**   
 Deposit Account Name: **MOTOROLA, INC.**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s)   
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ Extra Claims: \_\_\_\_\_ x Fee (\$): \_\_\_\_\_ = Fee Paid (\$): \_\_\_\_\_  
 HP=highest number of total claims paid for, if greater than 20

Indep. Claims: \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ Extra Claims: \_\_\_\_\_ x Fee (\$): \_\_\_\_\_ = Fee Paid (\$): \_\_\_\_\_  
 HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_ - 100 = \_\_\_\_\_ Extra Sheets: \_\_\_\_\_ / 50 = \_\_\_\_\_ Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$): \_\_\_\_\_ = Fee Paid (\$): \_\_\_\_\_

**4. OTHER FEE(S)**

Petition for 3 Mo Extension of Time \$1020

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Lawrence T. Cullen	Registration No.	44,489
Signature		Telephone	215-323-1797
		Date	12/29/05